

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32530

State File No.

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workmann Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMEGEORGE J. SOHNS

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LAURA SOHNS 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 27- 1877
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

71 2 10 hr. min.

9. Birthplace

Hermann Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Merchant

11. Industry or business

Paints & Cement

12. Name

Henry Sohns

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Caroline Sohns

15. Birthplace

Germany
(City, town, or county) (State or foreign country)

16. (a) Informant

Geo. Sohns Jr.

(b) Address

Hermann Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

10-11-1948
(Month) (Day) (Year)

(c) Place: burial or cremation

Hermann Mo.

18. (a) Signature of funeral director

W. Rudolph

(b) Address

Hermann Mo.

19. (a) Date received from registrar

10/11/48

(b) Registrar's signature

W. Rudolph

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

29. DATE OF DEATH: Month Oct. day 8 1948
year 1948 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from

Oct 8 1948 to Oct. 8 1948
that I last saw him alive on Oct. 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebrovascular Accident 4 hrs

Due to Arteriosclerosis
+ Arterial Hypertension
Due to ETiology unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Carvel T. Shaw (M.D. or other)
Address Hermann, Mo. Date signed 10-9-48

NOV 10 1948

RECEIVED

Office No. 9

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Signed

H. K. Rudolph

Licensed Embalmer No.

2044

P. O. Address

Hermann, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.